

# Montana Medicaid - Fee Schedule Dental

## Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.  
For example:  
26 = professional component  
TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4, HCPCS or CDT-3 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee. Laboratory services paid at 60% of listed fee

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**Anes Value:** Number of anesthesia base value units

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

**Global** – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

**Space:** Global concept does not apply to this code

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the usual global period does not apply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

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**Dental:** BR = 80% of billed charges for children ages 0 to 20; otherwise 65.2% of billed charges  
**Medical:** BR = 55% of billed charges

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Proc	Modifier	Description	Effective	Method	Fee	Global	PA
D0120		PERIODIC ORAL EVALUATION	7/1/2001	FEE SCHED	\$ 14.28		
D0120	EP	PERIODIC ORAL EVALUATION	7/1/2001	FEE SCHED	\$ 18.56		
D0140		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	7/1/2001	FEE SCHED	\$ 20.40		
D0140	EP	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	7/1/2001	FEE SCHED	\$ 26.52		
D0150		COMPREHENSIVE ORAL EVALUATION	7/1/2001	FEE SCHED	\$ 20.40		
D0150	EP	COMPREHENSIVE ORAL EVALUATION	7/1/2001	FEE SCHED	\$ 26.52		
D0210		INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	7/1/2001	FEE SCHED	\$ 40.80		
D0210	EP	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	7/1/2001	FEE SCHED	\$ 53.04		
D0220		INTRAORAL-PERiapical-FIRST FILM	7/1/2001	FEE SCHED	\$ 10.20		
D0220	EP	INTRAORAL-PERiapical-FIRST FILM	7/1/2001	FEE SCHED	\$ 13.26		
D0230		INTRAORAL-PERiapical-EACH ADDITIONAL FILM	7/1/2001	FEE SCHED	\$ 5.10		
D0230	EP	INTRAORAL-PERiapical-EACH ADDITIONAL FILM	7/1/2001	FEE SCHED	\$ 6.63		
D0240		INTRAORAL-OCCLUSAL FILM	7/1/2001	FEE SCHED	\$ 12.24		
D0240	EP	INTRAORAL-OCCLUSAL FILM	7/1/2001	FEE SCHED	\$ 15.91		
D0250		EXTRAORAL-FIRST FILM	7/1/2001	FEE SCHED	\$ 20.40		
D0250	EP	EXTRAORAL-FIRST FILM	7/1/2001	FEE SCHED	\$ 26.52		
D0260		EXTRAORAL-EACH ADDITIONAL FILM	7/1/2001	FEE SCHED	\$ 10.20		
D0260	EP	EXTRAORAL-EACH ADDITIONAL FILM	7/1/2001	FEE SCHED	\$ 13.26		
D0270		BITEWING-SINGLE FILM	7/1/2001	FEE SCHED	\$ 10.20		
D0270	EP	BITEWING-SINGLE FILM	7/1/2001	FEE SCHED	\$ 13.26		
D0272		BITEWINGS-TWO FILMS	7/1/2001	FEE SCHED	\$ 12.24		
D0272	EP	BITEWINGS-TWO FILMS	7/1/2001	FEE SCHED	\$ 15.91		
D0274		BITEWINGS-FOUR FILMS	7/1/2001	FEE SCHED	\$ 20.40		
D0274	EP	BITEWINGS - FOUR FILMS	7/1/2001	FEE SCHED	\$ 26.52		
D0277		VERTICAL BITEWINGS -- SEVEN TO EIGHT FILMS	7/1/2001	FEE SCHED	\$ 18.36		
D0277	EP	VERTICAL BITEWINGS-- SEVEN TO EIGHT FILMS	7/1/2001	FEE SCHED	\$ 23.87		
D0330		PANORAMIC FILM	7/1/2001	FEE SCHED	\$ 32.64		
D0330	EP	PANORAMIC FILM	7/1/2001	FEE SCHED	\$ 42.43		
D0340		CEPHALOMETRIC FILM	7/1/2001	FEE SCHED	\$ 40.80		
D0340	EP	CEPHALOMETRIC FILM	7/1/2001	FEE SCHED	\$ 53.04		
D0350		ORAL/FACIAL IMAGES (INCLUDES INTRA AND EXTRAORAL IMAGES)	7/1/2001	FEE SCHED	\$ 10.20		
D0350	EP	ORAL/FACIAL(INCLUDES INTRA AND EXTRAORAL IMAGES)	7/1/2001	FEE SCHED	\$ 13.26		
D0460		PULP VITALITY TESTS	7/1/2001	FEE SCHED	\$ 16.32		
D0460	EP	PULP VITALITY TESTS	7/1/2001	FEE SCHED	\$ 21.22		
D0470		DIAGNOSTIC CASTS	7/1/2001	FEE SCHED	\$ 25.50		
D0470	EP	DIAGNOSTIC CASTS	7/1/2001	FEE SCHED	\$ 33.15		
D1110		PROPHYLAXIS-ADULT	7/1/2001	FEE SCHED	\$ 30.60		
D1110	EP	PROPHYLAXIS-ADULT	7/1/2001	FEE SCHED	\$ 39.78		
D1120		PROPHYLAXIS-CHILD	7/1/2001	FEE SCHED	\$ 20.40		
D1120	EP	PROPHYLAXIS-CHILD	7/1/2001	FEE SCHED	\$ 26.52		
D1201	EP	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-CHILD	7/1/2001	FEE SCHED	\$ 33.15		
D1203	EP	TOPICAL APPLICATION OF FLUORIDE(EXCLUDING PROPHYLAXIS)-CHILD	7/1/2001	FEE SCHED	\$ 13.26		

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D1205		TOPICAL APPLICATION OF FLUORIDE(INCLUDING PROPHYLAXIS)-ADULT	7/1/2001	FEE SCHED	\$ 40.80		
D1351	EP	SEALANT-PER TOOTH	7/1/2001	FEE SCHED	\$ 21.22		
D1510		SPACE MAINTAINER-FIXED UNILATERAL	7/1/2001	FEE SCHED	\$ 81.60		
D1510	EP	SPACE MAINTAINER-FIXED UNILATERAL	7/1/2001	FEE SCHED	\$106.08		
D1515		SPACE MAINTAINER-FIXED BILATERAL	7/1/2001	FEE SCHED	\$122.40		
D1515	EP	SPACE MAINTAINER-FIXED BILATERAL	7/1/2001	FEE SCHED	\$159.12		
D1550		RECEMENTATION OF SPACE MAINTAINER	7/1/2001	FEE SCHED	\$ 24.48		
D1550	EP	RECEMENTATION OF SPACE MAINTAINER	7/1/2001	FEE SCHED	\$ 31.82		
D2110		AMALGAM-ONE SURFACE PRIMARY	7/1/2001	FEE SCHED	\$ 30.60		
D2110	EP	AMALGAM - ONE SURFACE PRIMARY	7/1/2001	FEE SCHED	\$ 39.78		
D2120		AMALGAM-TWO SURFACES PRIMARY	7/1/2001	FEE SCHED	\$ 40.80		
D2120	EP	AMALGAM-TWO SURFACES PRIMARY	7/1/2001	FEE SCHED	\$ 53.04		
D2130		AMALGAM-THREE SURFACES PRIMARY	7/1/2001	FEE SCHED	\$ 40.80		
D2130	EP	AMALGAM - THREE SURFACES PRIMARY	7/1/2001	FEE SCHED	\$ 53.04		
D2131		AMALGAM-FOUR OR MORE SURFACES PRIMARY	7/1/2001	FEE SCHED	\$ 59.16		
D2131	EP	AMALGAM-FOUR OR MORE SURFACES PRIMARY	7/1/2001	FEE SCHED	\$ 76.91		
D2140		AMALGAM-ONE SURFACE PERMANENT	7/1/2001	FEE SCHED	\$ 40.80		
D2140	EP	AMALGAM-ONE SURFACE PERMANENT	7/1/2001	FEE SCHED	\$ 53.04		
D2150		AMALGAM-TWO SURFACES PERMANENT	7/1/2001	FEE SCHED	\$ 44.88		
D2150	EP	AMALGAM - TWO SURFACES PERMANENT	7/1/2001	FEE SCHED	\$ 58.34		
D2160		AMALGAM-THREE SURFACES PERMANENT	7/1/2001	FEE SCHED	\$ 55.08		
D2160	EP	AMALGAM - THREE SURFACES PERMANENT	7/1/2001	FEE SCHED	\$ 71.60		
D2161		AMALGAM-FOUR OR MORE SURFACES PERMANENT	7/1/2001	FEE SCHED	\$ 67.32		
D2161	EP	AMALGAM - FOUR OR MORE SURFACES PERMANENT	7/1/2001	FEE SCHED	\$ 87.52		
D2330		RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	7/1/2001	FEE SCHED	\$ 40.80		
D2330	EP	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	7/1/2001	FEE SCHED	\$ 53.04		
D2331		RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	7/1/2001	FEE SCHED	\$ 61.20		
D2331	EP	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	7/1/2001	FEE SCHED	\$ 79.56		
D2332		RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	7/1/2001	FEE SCHED	\$ 71.40		
D2332	EP	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	7/1/2001	FEE SCHED	\$ 92.82		
D2335		RESIN-BASED COMPOSITE>=4 SURF OR INVOLVE INCISAL ANGLE (ANT)	7/1/2001	FEE SCHED	\$ 81.60		
D2335	EP	RESIN-BASED COMPOS- >= 4 SURF OR INVOLVE INCISAL ANGLE (ANT)	7/1/2001	FEE SCHED	\$106.08		
D2336		RESIN-BASED COMPOSITE CROWN ANTERIOR - PRIMARY	7/1/2001	FEE SCHED	\$ 87.72		
D2336	EP	RESIN BASED COMPOSITE CROWN ANTERIOR-PRIMARY	7/1/2001	FEE SCHED	\$114.04		
D2337		RESIN-BASED COMPOSITE CROWN ANTERIOR - PERMANENT	7/1/2001	FEE SCHED	\$138.72		
D2337	EP	RESIN-BASED COMPOSITE CROWN ANTERIOR- PERMANENT	7/1/2001	FEE SCHED	\$180.34		
D2380		RESIN-BASED COMPOSITE-ONE SURFACE POSTERIOR-PRIMARY	7/1/2001	FEE SCHED	\$ 40.80		
D2380	EP	RESIN-BASED COMPOSITE-ONE SURFACE POSTERIOR-PRIMARY	7/1/2001	FEE SCHED	\$ 53.04		
D2381		RESIN-BASED COMPOSITE-TWO SURFACES POSTERIOR-PRIMARY	7/1/2001	FEE SCHED	\$ 53.04		
D2381	EP	RESIN-BASED COMPOSITE-TWO SURFACES POSTERIOR-PRIMARY	7/1/2001	FEE SCHED	\$ 68.95		
D2382		RESIN-BASED COMPOSITE-THREE OR MORE SURFACES POST-PRIMARY	7/1/2001	FEE SCHED	\$ 67.32		
D2382	EP	RESIN-BASED COMPOSITE-THREE OR MORE SURFACES POST-PRIMARY	7/1/2001	FEE SCHED	\$ 87.52		

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D2385		RESIN-BASED COMPOSITE-ONE SURFACE POSTERIOR-PERMANENT	7/1/2001	FEE SCHED	\$ 40.80		
D2385	EP	RESIN-BASED COMPOSITE-ONE SURFACE POSTERIR-PERMANENT	7/1/2001	FEE SCHED	\$ 53.04		
D2386		RESIN-BASED COMPOSITE-TWO SURFACES POSTERIOR-PERMANENT	7/1/2001	FEE SCHED	\$ 81.60		
D2386	EP	RESIN-BASED COMPOSITE-TWO SURFACES POSTERIOR- PERMANENT	7/1/2001	FEE SCHED	\$106.08		
D2387		RESIN-BASED COMPOSITE-THREE SURFACES POSTERIOR-PERMANENT	7/1/2001	FEE SCHED	\$102.00		
D2387	EP	RESIN-BASED COMPOSITE-THREE SURFACES POSTERIOR-PERMANENT	7/1/2001	FEE SCHED	\$132.60		
D2388		RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES POST-PERMANENT	7/1/2001	FEE SCHED	\$116.28		
D2388	EP	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES POST PERMANENT	7/1/2001	FEE SCHED	\$151.16		
D2710		CROWN RESIN (LABORATORY)	7/1/2001	FEE SCHED	\$204.00		
D2710	EP	CROWN-RESIN (LABORATORY)	7/1/2001	FEE SCHED	\$265.20		
D2720		CROWN-RESIN WITH HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$408.00		
D2720	EP	CROWN-RESIN WITH HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$530.40		
D2721		CROWN-RESIN WITH PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$306.00		
D2721	EP	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$397.80		
D2722		CROWN-RESIN WITH NOBLE METAL	7/1/2001	FEE SCHED	\$346.80		
D2722	EP	CROWN-RESIN WITH NOBLE METAL	7/1/2001	FEE SCHED	\$450.84		
D2740		CROWN-PORCELAIN/CERAMIC SUBSTRATE	7/1/2001	FEE SCHED	\$408.00		
D2740	EP	CROWN-PORCELAIN/CERAMIC SUBSTRATE	7/1/2001	FEE SCHED	\$530.40		
D2750		CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$448.80		
D2750	EP	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$583.44		
D2751		CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$326.40		
D2751	EP	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$424.32		
D2752		CROWN-PORCELAIN FUSED TO NOBLE METAL	7/1/2001	FEE SCHED	\$367.20		
D2752	EP	CROWN-PORCELAIN FUSED TO NOBLE METAL	7/1/2001	FEE SCHED	\$477.36		
D2780		CROWN -- 3/4 CAST HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$367.20		
D2780	EP	CROWN 3/4 CAST HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$477.36		
D2781		CROWN -- 3/4 CAST PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$265.20		
D2781	EP	CROWN 3/4 CAST PREDOMINATELY BASE METAL	7/1/2001	FEE SCHED	\$344.76		
D2782		CROWN -- 3/4 CAST NOBLE METAL	7/1/2001	FEE SCHED	\$306.00		
D2782	EP	CROWN 3/4 CASE NOBLE METAL	7/1/2001	FEE SCHED	\$397.80		
D2783		CROWN -- 3/4 PORCELAIN CERAMIC	7/1/2001	FEE SCHED	\$387.60		
D2783	EP	CROWN- 3/4 PORCELAIN CERAMIC	7/1/2001	FEE SCHED	\$503.88		
D2790		CROWN-FULL CAST HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$387.60		
D2790	EP	CROWN-FULL CAST HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$503.88		
D2791		CROWN-FULL CAST PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$285.60		
D2791	EP	CROWN-FULL CAST PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$371.28		
D2792		CROWN-FULL CAST NOBLE METAL	7/1/2001	FEE SCHED	\$326.40		
D2792	EP	CROWN FULL CAST NOBLE METAL	7/1/2001	FEE SCHED	\$424.32		
D2799		PROVISIONAL CROWN	7/1/2001	FEE SCHED	\$204.00		
D2799	EP	PROVISIONAL CROWN	7/1/2001	FEE SCHED	\$265.20		
D2910		RECEMENT INLAY	7/1/2001	FEE SCHED	\$ 30.60		
D2910	EP	RECEMENT INLAY	7/1/2001	FEE SCHED	\$ 39.78		

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Proc	Modifier	Description	Effective	Method	Fee	Global	PA
D2920		RECEMENT CROWN	7/1/2001	FEE SCHED	\$ 30.60		
D2920	EP	RECEMENT CROWN	7/1/2001	FEE SCHED	\$ 39.78		
D2930		PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	7/1/2001	FEE SCHED	\$ 81.60		
D2930	EP	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	7/1/2001	FEE SCHED	\$106.08		
D2931		PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	7/1/2001	FEE SCHED	\$122.40		
D2931	EP	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	7/1/2001	FEE SCHED	\$159.12		
D2932		PREFABRICATED RESIN CROWN	7/1/2001	FEE SCHED	\$ 97.92		
D2932	EP	PREFABRICATED RESIN CROWN	7/1/2001	FEE SCHED	\$127.30		
D2933		PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	7/1/2001	FEE SCHED	\$ 91.80		
D2933	EP	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	7/1/2001	FEE SCHED	\$119.34		
D2940		SEDATIVE FILLING	7/1/2001	FEE SCHED	\$ 30.60		
D2940	EP	SEDATIVE FILLING	7/1/2001	FEE SCHED	\$ 39.78		
D2950		CORE BUILD-UP INCLUDING ANY PINS	7/1/2001	FEE SCHED	\$ 81.60		
D2950	EP	CORE BUILD-UP INCLUDING ANY PINS	7/1/2001	FEE SCHED	\$106.08		
D2951		PIN RETENTION-PER TOOTH IN ADDITION TO RESTORATION	7/1/2001	FEE SCHED	\$ 20.40		
D2951	EP	PIN RETENTION-PER TOOTH IN ADDITION TO RESTORATION	7/1/2001	FEE SCHED	\$ 26.52		
D2952		CAST POST AND CORE IN ADDITION TO CROWN	7/1/2001	FEE SCHED	\$163.20		
D2952	EP	CAST POST AND CORE IN ADDITION TO CROWN	7/1/2001	FEE SCHED	\$212.16		
D2953		EACH ADDITIONAL CAST POST -- SAME TOOTH	7/1/2001	FEE SCHED	\$132.60		
D2953	EP	EACH ADDITIONAL CAST POST--SAME TOOTH	7/1/2001	FEE SCHED	\$172.38		
D2954		PREFABRICATED POST AND CORE IN ADDITION TO CROWN	7/1/2001	FEE SCHED	\$102.00		
D2954	EP	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	7/1/2001	FEE SCHED	\$132.60		
D2957		EACH ADDITIONAL PREFABRICATED POST -- SAME TOOTH	7/1/2001	FEE SCHED	\$ 71.40		
D2957	EP	EACH ADDITIONAL PREFABRICATED POST--SAME TOOTH	7/1/2001	FEE SCHED	\$ 92.82		
D2960		LABIAL VENEER (RESIN LAMINATE) -- CHAIRSIDE	7/1/2001	FEE SCHED	\$122.40		
D2960	EP	LABIAL VENEER(RESIN LAMINATE)--CHAIRSIDE	7/1/2001	FEE SCHED	\$159.12		
D2961		LABIAL VENEER (RESIN LAMINATE) -- LABORATORY	7/1/2001	FEE SCHED	\$204.00		
D2961	EP	LABIAL VENEER(RESIN LAMINATE)--LABORATORY	7/1/2001	FEE SCHED	\$265.20		
D2962		LABIAL VENEER (PORCELAIN LAMINATE) -- LABORATORY	7/1/2001	FEE SCHED	\$293.76		
D2962	EP	LABIAL VENEER(PORCELAIN LAMINATE)--LABORATORY	7/1/2001	FEE SCHED	\$381.89		
D2970		TEMPORARY CROWN (FRACTURED TOOTH)	7/1/2001	FEE SCHED	\$ 81.60		
D2970	EP	TEMPORARY CROWN(FRACTURED TOOTH)	7/1/2001	FEE SCHED	\$106.08		
D2980		CROWN REPAIR BY REPORT	7/1/2001	FEE SCHED	\$ 83.64		
D2980	EP	CROWN REPAIR BY REPORT	7/1/2001	FEE SCHED	\$108.73		
D2999		UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	7/1/2001	FEE SCHED	\$ -		
D2999	EP	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	7/1/2001	FEE SCHED	\$ -		
D3110		PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$ 25.50		
D3110	EP	PULP-CAP-DIRECT(EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$ 33.15		
D3120		PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$ 20.40		
D3120	EP	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$ 26.52		
D3220		THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$ 61.20		
D3220	EP	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$ 79.56		

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D3221		GROSS PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	7/1/2001	FEE SCHED	\$ 81.60		
D3221	EP	GROSS PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	7/1/2001	FEE SCHED	\$106.08		
D3230		PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR PRIMARY TOOTH	7/1/2001	FEE SCHED	\$ 67.32		
D3230	EP	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR PRIMARY TOOTH	7/1/2001	FEE SCHED	\$ 87.52		
D3240		PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR PRIMARY TOOTH	7/1/2001	FEE SCHED	\$ 75.48		
D3240	EP	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR PRIMARY TOOTH	7/1/2001	FEE SCHED	\$ 98.12		
D3310		ANTERIOR (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$208.08		
D3310	EP	ANTERIOR (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$270.50		
D3320		BICUSPID (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$204.00		
D3320	EP	BICUSPID (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$265.20		
D3330		MOLAR (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$285.60		
D3330	EP	MOLAR (EXCLUDING FINAL RESTORATION)	7/1/2001	FEE SCHED	\$371.28		
D3331		TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	7/1/2001	BY REPORT	\$ -		
D3331	EP	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	7/1/2001	BY REPORT	\$ -		
D3346		RETREATMENT OF PREVIOUS ROOT CANAL THERAPY -- ANTERIOR	7/1/2001	FEE SCHED	\$224.40		
D3346	EP	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY--ANTERIOR	7/1/2001	FEE SCHED	\$291.72		
D3347		RETREATMENT OF PREVIOUS ROOT CANAL THERAPY -- BISCUSPID	7/1/2001	FEE SCHED	\$273.36		
D3347	EP	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY--BISCUSPID	7/1/2001	FEE SCHED	\$355.37		
D3348		RETREATMENT OF PREVIOUS ROOT CANAL THERAPY -- MOLAR	7/1/2001	FEE SCHED	\$336.60		
D3348	EP	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY--MOLAR	7/1/2001	FEE SCHED	\$437.58		
D3410		APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	7/1/2001	FEE SCHED	\$185.64		
D3410	EP	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	7/1/2001	FEE SCHED	\$241.33		
D3421		APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	7/1/2001	FEE SCHED	\$214.20		
D3421	EP	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	7/1/2001	FEE SCHED	\$278.46		
D3425		APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).	7/1/2001	FEE SCHED	\$238.68		
D3425	EP	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).	7/1/2001	FEE SCHED	\$310.28		
D3426		APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	7/1/2001	FEE SCHED	\$ 85.68		
D3426	EP	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	7/1/2001	FEE SCHED	\$111.38		
D3430		RETROGRADE FILLING-PER ROOT	7/1/2001	FEE SCHED	\$ 61.20		
D3430	EP	RETROGRADE FILLING-PER ROOT	7/1/2001	FEE SCHED	\$ 79.56		
D4210		GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	7/1/2001	FEE SCHED	\$193.80		
D4210	EP	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	7/1/2001	FEE SCHED	\$251.94		
D4211		GINGIVECTOMY OR GINGIVOPLASTY-PER TOOTH	7/1/2001	FEE SCHED	\$ 61.20		
D4211	EP	GINGIVECTOMY OR GINGIVOPASTY-PER TOOTH	7/1/2001	FEE SCHED	\$ 79.56		
D4240		GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING-PER QUADRANT	7/1/2001	FEE SCHED	\$222.36		
D4240	EP	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANNING-PER	7/1/2001	FEE SCHED	\$289.07		
D4260		OSSEOUS SURGERY (INC. FLAP ENTRY AND CLOSURE) - PER QUADRANT	7/1/2001	FEE SCHED	\$326.40		
D4260	EP	OSSEOUS SURGERY (INC.FLAP ENTRY AND CLOSURE) PER QUADRANT	7/1/2001	FEE SCHED	\$424.32		
D4270		PEDICLE SOFT TISSUE GRAFT PROCEDURE	7/1/2001	FEE SCHED	\$248.88		
D4270	EP	PEDICLE SOFT TISSUE GRAFT PROCEDURE	7/1/2001	FEE SCHED	\$323.54		
D4271		FREE SOFT TISSUE GRAFT PROCEDURE (INCL DONOR SITE SURGERY)	7/1/2001	FEE SCHED	\$257.04		
D4271	EP	FREE SOFT TISSUE GRAFT PROCEDURE (INCL DONOR SITE SURGERY)	7/1/2001	FEE SCHED	\$334.15		

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**Medical:** BR = 55% of billed charges

## Montana Medicaid - Fee Schedule Dental

Proc	Modifier	Description	Effective	Method	Fee	Global	PA
D4320		PROVISIONAL SPLINTING-INTRACORONAL	7/1/2001	FEE SCHED	\$138.72		
D4320	EP	PROVISIONAL SPLINTING-INTRACORONAL	7/1/2001	FEE SCHED	\$180.34		
D4341		PERIODONTAL SCALING AND ROOT PLANING -- PER QUADRANT	7/1/2001	FEE SCHED	\$102.00		
D4341	EP	PERIODONTAL SCALING AND ROOT PLANING -- PER QUADRANT	7/1/2001	FEE SCHED	\$132.60		
D4355		FULL MOUTH DEBRIDEMENT TO ENABLE COMP. PERIODONTAL EVAL & DX	7/1/2001	FEE SCHED	\$ 51.00		
D4355	EP	FULL MOUTH DEBRIDEMENT TO ENABLE COMP. PERIODONTAL EVAL & DX	7/1/2001	FEE SCHED	\$ 66.30		
D4910		PERIODONTAL MAINTENANCE PROCEDURES(FOLLOWING ACTIVE THERAPY)	7/1/2001	FEE SCHED	\$ 40.80		
D4910	EP	PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWING ACTIVE THERAPY)	7/1/2001	FEE SCHED	\$ 53.04		
D4920		UNSCHEDULED DRESSING CHNANGE (OTHER THAN TREATING DENTIST)	7/1/2001	FEE SCHED	\$ 26.52		
D4920	EP	UNSCHEDULED DRESSING CHANGE(OTHER THAN TREATING DENTIST)	7/1/2001	FEE SCHED	\$ 34.48		
D4999		UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	7/1/2001	BY REPORT	\$ -		
D4999	EP	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	7/1/2001	BY REPORT	\$ -		
D5110		COMPLETE DENTURE -- MAXILLARY	7/1/2001	FEE SCHED	\$510.00		
D5110	EP	COMPLETE DENTURE -- MAXILLARY	7/1/2001	FEE SCHED	\$663.00		
D5120		COMPLETE DENTURE -- MANDIBULAR	7/1/2001	FEE SCHED	\$510.00		
D5120	EP	COMPLETE DENTURE -- MANDIBULAR	7/1/2001	FEE SCHED	\$663.00		
D5130		IMMEDIATE DENTURE -- MAXILLARY	7/1/2001	FEE SCHED	\$561.00		
D5130	EP	IMMEDIATE DENTURE -- MAXILLARY	7/1/2001	FEE SCHED	\$729.30		
D5140		IMMEDIATE DENTURE -- MANDIBULAR	7/1/2001	FEE SCHED	\$561.00		
D5140	EP	IMMEDIATE DENTURE - MANDIBULAR	7/1/2001	FEE SCHED	\$729.30		
D5211		MAXILLARY PARTIAL DENTURE - RESIN BASE	7/1/2001	FEE SCHED	\$346.80		
D5211	EP	MAXILLARY PARTIAL DENTURE - RESIN BASE	7/1/2001	FEE SCHED	\$450.84		
D5212		MANDIBULAR PARTIAL DENTURE - RESIN BASE	7/1/2001	FEE SCHED	\$361.08		
D5212	EP	MANDIBULAR PARTIAL DENTURE - RESIN BASE	7/1/2001	FEE SCHED	\$469.40		
D5213		MAXILLARY PARTIAL DENTURE -CAST METAL FRAMEWORK W/RESIN BASE	7/1/2001	FEE SCHED	\$612.00		
D5213	EP	MAXILLARY PARTIAL DENTURE -CAST METAL FRAMEWORK W/RESIN BASE	7/1/2001	FEE SCHED	\$795.60		
D5214		MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN BASE	7/1/2001	FEE SCHED	\$612.00		
D5214	EP	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN BASE	7/1/2001	FEE SCHED	\$795.60		
D5410		ADJUST COMPLETE DENTURE -- MAXILLARY	7/1/2001	FEE SCHED	\$ 24.48		
D5410	EP	ADJUST COMPLETE DENTURE -- MAXILLARY	7/1/2001	FEE SCHED	\$ 31.82		
D5411		ADJUST COMPLETE DENTURE -- MANDIBULAR	7/1/2001	FEE SCHED	\$ 24.48		
D5411	EP	ADJUST COMPLETE DENTURE -- MANDIBULAR	7/1/2001	FEE SCHED	\$ 31.82		
D5421		ADJUST PARTIAL DENTURE -- MAXILLARY	7/1/2001	FEE SCHED	\$ 24.48		
D5421	EP	ADJUST PARTIAL DENTURE -- MAXILLARY	7/1/2001	FEE SCHED	\$ 31.82		
D5422		ADJUST PARTIAL DENTURE -- MANDIBULAR	7/1/2001	FEE SCHED	\$ 24.48		
D5422	EP	ADJUST PARTIAL DENTURE -- MANDIBULAR	7/1/2001	FEE SCHED	\$ 31.82		
D5510		REPAIR BROKEN COMPLETE DENTURE BASE	7/1/2001	FEE SCHED	\$ 61.20		
D5510	EP	REPAIR BROKEN COMPLETE DENTURE BASE	7/1/2001	FEE SCHED	\$ 79.56		
D5520		REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE(EACH TOOTH)	7/1/2001	FEE SCHED	\$ 40.80		
D5520	EP	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE(EACH TOOTH)	7/1/2001	FEE SCHED	\$ 53.04		
D5610		REPAIR RESIN DENTURE BASE	7/1/2001	FEE SCHED	\$ 61.20		
D5610	EP	REPAIR RESIN DENTURE BASE	7/1/2001	FEE SCHED	\$ 79.56		

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**Medical:** BR = 55% of billed charges

## Montana Medicaid - Fee Schedule Dental

Proc	Modifier	Description	Effective	Method	Fee	Global	PA
D5620		REPAIR CAST FRAMEWORK	7/1/2001	FEE SCHED	\$ 83.64		
D5620	EP	REPAIR CAST FRAMEWORK	7/1/2001	FEE SCHED	\$108.73		
D5630		REPAIR OR REPLACE BROKEN CLASP	7/1/2001	FEE SCHED	\$ 75.48		
D5630	EP	REPAIR OR REPLACE BROKEN CLASP	7/1/2001	FEE SCHED	\$ 98.12		
D5640		REPLACE BROKEN TEETH-PER TOOTH	7/1/2001	FEE SCHED	\$ 61.20		
D5640	EP	REPLACE BROKEN TEETH-PER TOOTH	7/1/2001	FEE SCHED	\$ 79.56		
D5650		ADD TOOTH TO EXISTING PARTIAL DENTURE	7/1/2001	FEE SCHED	\$ 61.20		
D5650	EP	ADD TOOTH TO EXISTING PARTIAL DENTURE	7/1/2001	FEE SCHED	\$ 79.56		
D5660		ADD CLASP TO EXISTING PARTIAL DENTURE	7/1/2001	FEE SCHED	\$102.00		
D5660	EP	ADD CLASP TO EXISTING PARTIAL DENTURE	7/1/2001	FEE SCHED	\$132.60		
D5710		REBASE COMPLETE MAXILLARY DENTURE	7/1/2001	FEE SCHED	\$204.00		
D5710	EP	REBASE COMPLETE MAXILLARY DENTURE	7/1/2001	FEE SCHED	\$265.20		
D5711		REBASE COMPLETE MANDIBULAR DENTURE	7/1/2001	FEE SCHED	\$204.00		
D5711	EP	REBASE COMPLETE MANDIBULAR DENTURE	7/1/2001	FEE SCHED	\$265.20		
D5720		REBASE MAXILLARY PARTIAL DENTURE	7/1/2001	FEE SCHED	\$163.20		
D5720	EP	REBASE MAXILLARY PARTIAL DENTURE	7/1/2001	FEE SCHED	\$212.16		
D5721		REBASE MANDIBULAR PARTIAL DENTURE	7/1/2001	FEE SCHED	\$163.20		
D5721	EP	REBASE MANDIBULAR PARTIAL DENTURE	7/1/2001	FEE SCHED	\$212.16		
D5730		RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	7/1/2001	FEE SCHED	\$122.40		
D5730	EP	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	7/1/2001	FEE SCHED	\$159.12		
D5731		RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	7/1/2001	FEE SCHED	\$122.40		
D5731	EP	RELINE COMPLETE MANDIBULAR DENTURE(CHAIRSIDE)	7/1/2001	FEE SCHED	\$159.12		
D5740		RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	7/1/2001	FEE SCHED	\$102.00		
D5740	EP	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	7/1/2001	FEE SCHED	\$132.60		
D5741		RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	7/1/2001	FEE SCHED	\$102.00		
D5741	EP	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	7/1/2001	FEE SCHED	\$132.60		
D5750		RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	7/1/2001	FEE SCHED	\$163.20		
D5750	EP	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	7/1/2001	FEE SCHED	\$212.16		
D5751		RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	7/1/2001	FEE SCHED	\$163.20		
D5751	EP	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	7/1/2001	FEE SCHED	\$212.16		
D5760		RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	7/1/2001	FEE SCHED	\$163.20		
D5760	EP	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	7/1/2001	FEE SCHED	\$212.16		
D5761		RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	7/1/2001	FEE SCHED	\$163.20		
D5761	EP	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	7/1/2001	FEE SCHED	\$212.16		
D5820		INTERIM PARTIAL DENTURE (MAXILLARY)	7/1/2001	FEE SCHED	\$204.00		
D5820	EP	INTERIM PARTIAL DENTURE (MAXILLARY)	7/1/2001	FEE SCHED	\$265.20		
D5821		INTERIM PARTIAL DENTURE (MANDIBULAR)	7/1/2001	FEE SCHED	\$204.00		
D5821	EP	INTERIM PARTIAL DENTURE (MANDIBULAR)	7/1/2001	FEE SCHED	\$265.20		
D5899		UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE BY REPORT	7/1/2001	BY REPORT	\$ -		
D5899	EP	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE BY REPORT	7/1/2001	BY REPORT	\$ -		
D6210		PONTIC-CAST HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$408.00		
D6210	EP	PONTIC-CAST HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$530.40		

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## Montana Medicaid - Fee Schedule Dental

Proc	Modifier	Description	Effective	Method	Fee	Global	PA
D6211		PONTIC-CAST PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$285.60		
D6211	EP	PONTIC-CAST PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$371.28		
D6212		PONTIC-CAST NOBLE METAL	7/1/2001	FEE SCHED	\$326.40		
D6212	EP	PONTIC-CAST NOBLE METAL	7/1/2001	FEE SCHED	\$424.32		
D6240		PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$448.80		
D6240	EP	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$583.44		
D6241		PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$367.20		
D6241	EP	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$477.36		
D6242		PONTIC-PORCELAIN FUSED TO NOBLE METAL	7/1/2001	FEE SCHED	\$408.00		
D6242	EP	PONTIC-PORCELAIN FUSED TO NOBLE METAL	7/1/2001	FEE SCHED	\$530.40		
D6245		PONTIC -- PORCELAIN/CERAMIC	7/1/2001	BY REPORT	\$ -		
D6245	EP	PONTIC-PORCELAIN/CERAMIC	7/1/2001	BY REPORT	\$ -		
D6250		PONTIC-RESIN WITH HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$408.00		
D6250	EP	PONTIC-RESIN WITH HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$530.40		
D6251		PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$285.60		
D6251	EP	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$371.28		
D6252		PONTIC-RESIN WITH NOBLE METAL	7/1/2001	FEE SCHED	\$367.20		
D6252	EP	PONTIC-RESIN WITH NOBLE METAL	7/1/2001	FEE SCHED	\$477.36		
D6720		CROWN-RESIN WITH HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$408.00		
D6720	EP	CROWN-RESIN WITH HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$530.40		
D6721		CROWN-RESIN WITH PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$306.00		
D6721	EP	CROWN-RESIN WITH PREDOMINATELY BASE METAL	7/1/2001	FEE SCHED	\$397.80		
D6722		CROWN-RESIN WITH NOBLE METAL	7/1/2001	FEE SCHED	\$346.80		
D6722	EP	CROWN RESIN WITH NOBLE METAL	7/1/2001	FEE SCHED	\$450.84		
D6740		CROWN -- PORCELAIN/CERAMIC	7/1/2001	BY REPORT	\$ -		
D6740	EP	CROWN-PORCELAIN/CERAMIC	7/1/2001	BY REPORT	\$ -		
D6750		CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$354.96		
D6750	EP	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$461.45		
D6751		CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$326.40		
D6751	EP	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$424.32		
D6752		CROWN-PORCELAIN FUSED TO NOBLE METAL	7/1/2001	FEE SCHED	\$408.00		
D6752	EP	CROWN-PORCELAIN FUSED TO NOBLE METAL	7/1/2001	FEE SCHED	\$530.40		
D6780		CROWN-3/4 CAST HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$387.60		
D6780	EP	CROWN-3/4 CAST HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$503.88		
D6781		CROWN -- 3/4 CAST PREDOMINANTLY BASED METAL	7/1/2001	BY REPORT	\$ -		
D6781	EP	CROWN 3/4 CAST PREDOMINATELY BASE METAL	7/1/2001	BY REPORT	\$ -		
D6782		CROWN -- 3/4 CAST NOBLE METAL	7/1/2001	BY REPORT	\$ -		
D6782	EP	CROWN 3/4 CAST NOBLE METAL	7/1/2001	BY REPORT	\$ -		
D6783		COWN -- 3/4 PORCELAIN/CERAMIC	7/1/2001	BY REPORT	\$ -		
D6783	EP	CROWN 3/4 PORCELAIN/CERAMIC	7/1/2001	BY REPORT	\$ -		
D6790		CROWN-FULL CAST HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$387.60		
D6790	EP	CROWN-FULL CAST HIGH NOBLE METAL	7/1/2001	FEE SCHED	\$503.88		

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## Montana Medicaid - Fee Schedule Dental

Proc	Modifier	Description	Effective	Method	Fee	Global	PA
D6791		CROWN-FULL CAST PREDOMINANTLY BASE METAL	7/1/2001	FEE SCHED	\$285.60		
D6791	EP	CROWN- FULL CAST PREDOMINATELY BASE METAL	7/1/2001	FEE SCHED	\$371.28		
D6792		CROWN-FULL CAST NOBLE METAL	7/1/2001	FEE SCHED	\$346.80		
D6792	EP	CROWN-FULL CAST NOBLE METAL	7/1/2001	FEE SCHED	\$450.84		
D6930		RECEMENT FIXED PARTIAL DENTURE	7/1/2001	FEE SCHED	\$ 40.80		
D6930	EP	RECEMENT FIXED PARTIAL DENTURE	7/1/2001	FEE SCHED	\$ 53.04		
D6950		PRECISION ATTACHMENT	7/1/2001	FEE SCHED	\$163.20		
D6950	EP	PRECISION ATTACHMENT	7/1/2001	FEE SCHED	\$212.16		
D6980		FIXED PARTIAL DENTURE REPAIR BY REPORT	7/1/2001	FEE SCHED	\$106.08		
D6980	EP	FIXED PARTIAL DENTURE BY REPORT	7/1/2001	FEE SCHED	\$137.90		
D6999		UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE BY REPORT	7/1/2001	BY REPORT	\$ -		
D6999	EP	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE BY REPORT	7/1/2001	BY REPORT	\$ -		
D7110		EXTRACTION -- SINGLE TOOTH	7/1/2001	FEE SCHED	\$ 40.80		
D7110	EP	EXTRACTION -- SINGLE TOOTH	7/1/2001	FEE SCHED	\$ 53.04		
D7120		EXTRACTION -- EACH ADDITIONAL TOOTH	7/1/2001	FEE SCHED	\$ 40.80		
D7120	EP	EXTRACTION -- EACH ADDITIONAL TOOTH	7/1/2001	FEE SCHED	\$ 53.04		
D7210		SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION	7/1/2001	FEE SCHED	\$ 81.60		
D7210	EP	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION	7/1/2001	FEE SCHED	\$106.08		
D7220		REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	7/1/2001	FEE SCHED	\$ 93.84		
D7220	EP	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	7/1/2001	FEE SCHED	\$121.99		
D7230		REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	7/1/2001	FEE SCHED	\$122.40		
D7230	EP	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	7/1/2001	FEE SCHED	\$159.12		
D7240		REMOVAL OF IMPACTED TOOTH-COMpletely BONY	7/1/2001	FEE SCHED	\$146.88		
D7240	EP	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	7/1/2001	FEE SCHED	\$190.94		
D7241		REMOVE IMPACTED TOOTH-COMpletely BONY W/UNUSUAL SURG COMPLIC	7/1/2001	FEE SCHED	\$204.00		
D7241	EP	REMOVE IMPACTED TOOTH-COMpletely BONY W/UNUSUAL SURG COMPLIC	7/1/2001	FEE SCHED	\$265.20		
D7250		SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	7/1/2001	FEE SCHED	\$ 81.60		
D7250	EP	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	7/1/2001	FEE SCHED	\$106.08		
D7270		REIMPLANT/STABILIZE ACCID. EVULSED/DISPLACED TOOTH OR ALVEOL	7/1/2001	FEE SCHED	\$146.88		
D7270	EP	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY E	7/1/2001	FEE SCHED	\$190.94		
D7280		SURGICAL EXPOS. IMPACTED OR UNERUPTED TOOTH FOR ORTHODONTIC	7/1/2001	FEE SCHED	\$122.40		
D7280	EP	SURGICAL EXPOS. IMPACTED OR UNERUPTED TOOTH FOR	7/1/2001	FEE SCHED	\$159.12		
D7281		SURGICAL EXPOS. IMPACTED OR UNERUPTED TOOTH TO AID ERUPTION	7/1/2001	FEE SCHED	\$ 81.60		
D7281	EP	SURGICAL EXPOS. IMPACTED OR UNERUPTED TOOTH TO AID ERUPTION	7/1/2001	FEE SCHED	\$106.08		
D7310		ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	7/1/2001	FEE SCHED	\$ 85.68		
D7310	EP	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	7/1/2001	FEE SCHED	\$111.38		
D7320		ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUAD	7/1/2001	FEE SCHED	\$108.12		
D7320	EP	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUAD	7/1/2001	FEE SCHED	\$140.56		
D7340		VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	7/1/2001	FEE SCHED	\$193.80		
D7340	EP	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	7/1/2001	FEE SCHED	\$251.94		
D7350		VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFT	7/1/2001	FEE SCHED	\$408.00		
D7350	EP	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFT	7/1/2001	FEE SCHED	\$530.40		

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## Montana Medicaid - Fee Schedule Dental

Proc	Modifier	Description	Effective	Method	Fee	Global	PA
D7510		INCISION AND DRAINAGE OF ABSCESS--INTRAORAL SOFT TISSUE	7/1/2001	FEE SCHED	\$ 55.08		
D7510	EP	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	7/1/2001	FEE SCHED	\$ 71.60		
D7520		INCISION AND DRAINAGE OF ABSCESS--EXTRAORAL SOFT TISSUE	7/1/2001	FEE SCHED	\$122.40		
D7520	EP	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	7/1/2001	FEE SCHED	\$159.12		
D7540		REMOVE REACTION-PRODUCING FOREIGN BODIES MUSCULSKEL SYSTEM	7/1/2001	FEE SCHED	\$122.40		
D7540	EP	REMOVE REACTION-PRODUCING FOREIGN BODIES MUSCULSKEL SYSTEM	7/1/2001	FEE SCHED	\$159.12		
D7550		SEQUESTRECTOMY FOR OSTEOMYELITIS	7/1/2001	FEE SCHED	\$142.80		
D7550	EP	SEQUESTRECTOMY FOR OSTEOMYELITIS	7/1/2001	FEE SCHED	\$185.64		
D7560		MAXILLARY SINUSOTOMY FOR TOOTH FRAGMNT OR FOREIGN BODY REMOV	7/1/2001	FEE SCHED	\$265.20		
D7560	EP	MAXILLARY SINUSOTOMY FOR TOOTH FRAGMNT OR FOREIGN BODY	7/1/2001	FEE SCHED	\$344.76		
D7910		SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	7/1/2001	FEE SCHED	\$ 73.44		
D7910	EP	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	7/1/2001	FEE SCHED	\$ 95.47		
D7911		COMPLICATED SUTURE-UP TO 5 CM	7/1/2001	FEE SCHED	\$110.16		
D7911	EP	COMPLICATED SUTURE- UP TO 5CM	7/1/2001	FEE SCHED	\$143.21		
D7912		COMPLICATED SUTURE-GREATER THAN 5 CM	7/1/2001	FEE SCHED	\$163.20		
D7912	EP	COMPLICATED SUTURE- GREATER THAN 5CM	7/1/2001	FEE SCHED	\$212.16		
D7920		SKIN GRAFTS (IDENTIFY DEFECT COVERED LOCATION AND TYPE)	7/1/2001	FEE SCHED	\$673.20		
D7920	EP	SKIN GRAFTS(IDENTIFY DEFECT COVERED LOCATION AND TYPE	7/1/2001	FEE SCHED	\$875.16		
D7970		EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	7/1/2001	FEE SCHED	\$136.68		
D7970	EP	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	7/1/2001	FEE SCHED	\$177.68		
D8050	EP	INTERCEPTIVE ORTHADONTIC TREATMENT OF THE PRIMARY DENTITION	7/1/2001	BY REPORT	\$ -		Y
D8060	EP	INTERCEPTIVE ORTHADONTIC TREATMENT OF THE TRANSITIONAL	7/1/2001	BY REPORT	\$ -		Y
D8070	EP	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL	7/1/2001	BY REPORT	\$ -		Y
D8080	EP	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT	7/1/2001	BY REPORT	\$ -		Y
D8090	EP	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	7/1/2001	BY REPORT	\$ -		Y
D8220		FIXED APPLIANCE THERAPY	7/1/2001	FEE SCHED	\$291.72		
D8220	EP	FIXED APPLIANCE THERAPY	7/1/2001	FEE SCHED	\$379.24		
D8670	EP	PERIODIC ORTHODONTIC TREATMENT VISIT(AS PART OF CONTRACT)	7/1/2001	BY REPORT	\$ -		Y
D9110		PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCED	7/1/2001	FEE SCHED	\$ 40.80		
D9110	EP	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCED	7/1/2001	FEE SCHED	\$ 53.04		
D9230		ANALGESIA ANXIOLYSIS INHALATION OF NITROUS OXIDE	7/1/2001	FEE SCHED	\$ 18.36		
D9230	EP	ANALGESIA ANXIOLYSIS INHALATION OF NITROUS OXIDE	7/1/2001	FEE SCHED	\$ 23.87		
D9241		INTRAVENOUS SEDATION/ANALGESIA -- FIRST 30 MINUTES	7/1/2001	FEE SCHED	\$ -		
D9241	EP	INTRAVENOUS SEDATION/ANALGESIA-FIRST 30 MINUTES	7/1/2001	FEE SCHED	\$ -		
D9242		INTRAVENOUS SEDATION/ANALGESIA -- EACH ADDITIONAL 15 MINUTES	7/1/2001	FEE SCHED	\$ -		
D9242	EP	INTRAVENOUS SEDATION/ANALGESIA--EACH ADDITIONAL 15 MINUTES	7/1/2001	FEE SCHED	\$ -		
D9248		NON-INTRAVENOUS CONSCIOUS SEDATION	7/1/2001	BY REPORT	\$ -		
D9248	EP	NON-INTRAVENOUS CONSCIOUS SEDATION	7/1/2001	BY REPORT	\$ -		
D9310		CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYS	7/1/2001	FEE SCHED	\$ 32.64		
D9310	EP	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYS	7/1/2001	FEE SCHED	\$ 42.43		
D9410		HOUSE/EXTENDED CARE FACILITY CALL	7/1/2001	FEE SCHED	\$ 61.20		
D9410	EP	HOUSE/EXTENDED CARE FACILITY CALL	7/1/2001	FEE SCHED	\$ 79.56		

**Dental:** BR = 80% of billed charges for children  
ages 0 to 20; otherwise 65.2% of billed charges  
**Medical:** BR = 55% of billed charges

## Montana Medicaid - Fee Schedule Dental

Proc	Modifier	Description	Effective	Method	Fee	Global	PA
D9420		HOSPITAL CALL	7/1/2001	FEE SCHED	\$ 61.20		
D9420	EP	HOSPITAL CALL	7/1/2001	FEE SCHED	\$ 79.56		
D9440		OFFICE VISIT -- AFTER REGULARLY SCHEDULED HOURS	7/1/2001	FEE SCHED	\$ 40.80		
D9440	EP	OFFICE VISIT -- AFTER REGULARLY SCHEDULED HOURS	7/1/2001	FEE SCHED	\$ 53.04		
D9630		OTHER DRUGS AND/OR MEDICAMENTS BY REPORT	7/1/2001	FEE SCHED	\$ 10.20		
D9630	EP	OTHER DRUGS AND/OR MEDICAMENTS BY REPORT	7/1/2001	FEE SCHED	\$ 13.26		
D9920		BEHAVIOR MANAGEMENT BY REPORT (15 MINUTE INCREMENTS)	7/1/2001	FEE SCHED	\$ 32.64		
D9920	EP	BEHAVIOR MANAGEMENT BY REPORT	7/1/2001	FEE SCHED	\$ 42.43		
Z0055		SCHEDULED HOSPITAL DENTAL TREATMENT	1/1/1997	FEE SCHED	\$240.00		
Z0096		PLACING NAME ON FULL OR PARTIAL DENTURE	10/1/1997	FEE SCHED	\$ 12.00		

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ages 0 to 20; otherwise 65.2% of billed charges  
**Medical:** BR = 55% of billed charges